

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 166
Registered No. 229

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edna Maxine Sprouse (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth May 12 1929
Month Day Year

8. FATHER Full name Howard Sprouse 14. MOTHER Full maiden name Julia Mary Cross

9. Residence (Usual place of abode) (Clayton) 15. Residence (Usual place of abode) (Clayton)
If non-resident, give place and state. Miami, Arizona If non-resident, give place and state. Miami, Arizona

10. Color or race White 11. Age at last birthday 28 (Years) 16. Color or race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) _____ (State or country) Texas 18. Birthplace (city or place) Safford
(State or country) Arizona

13. Occupation Electrician 19. Occupation Housewife
Nature of Industry Mining, Copper Nature of Industry _____

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2-05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature H. J. Truller (Physician or midwife)
and

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filled May 20 1929 L. E. Jones
Registrar Registrar

525-512-142